

FORM #584

GRIEVANCE FORM

FACILITY: S.C.I.DATE: 9-30-05GRIEVANT'S NAME: CURTIS COLLINSSBI#: 314128 #CASE#: 18132TIME OF INCIDENT ONGOING ISSUESHOUSING UNIT: M.S.D. ISLAND 1 CELL 10

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

THE ABOVE INMATE IS SEEKING THE FOLLOWING ON 8-6-05-
I WAS ASSAULTED BY FOUR OFFICERS THAT ARE EMPLOYEES
OF S.C.I. STATE PRISON INMATE DID RECEIVE INJURY'S
AND IS SEEKING PAYMENT FOR UNNECESSARY PAIN
AND SUFFERING INMATE RECEIVED BROKEN RIBS,
EYE TROUBLE FROM PEPPER SPRAY, OFFICER REPEATEDLY
TO PUNCH AND KICK INMATE WHILE HE WAS DOWN
ON THE GROUND, HAND, CUFF

ACTION REQUESTED BY GRIEVANT: INMATE IS SEEKING 50,000.00

DOLLARS FOR PAIN AND SUFFERING INMATE IS
ALSO SEEKING INMATE SOME FORM SOME DISCIPLINARY
ACTION TO THOSE THAT ARE INVOLVED

GRIEVANT'S SIGNATURE: C.C.

DATE: _____

WAS AN INFORMAL RESOLUTION ACCEPTED? _____

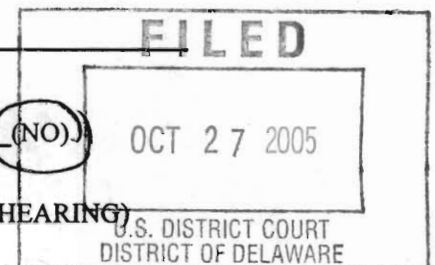
(YES) _____

(NO) ☒

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____



IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
 GRIEVANT